

## Coming

**Mouth Breathing,  
and a Few Facts Sel-  
dom Discussed.**

By A. P. GORDY,  
D. D. S.



**Charity Begins at  
Home.**

By ALEX P. LONG,  
D. D. S.



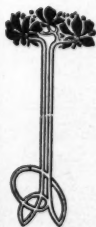
**"Exodontia"**

*A Cartoon by Fortaine  
Fox*



**The Banded Teeth**

*A Poem by Edgar A.  
Guest*



# ORAL HYGIENE

Reg. U. S. Pat. Off.—Reg. trademark Gt. Britain

## In This Issue:

THE LOS ANGELES MEETING. 1312

*By the Editor*

THE RIGHT CHOICE OF FILLING MATER-  
IAL. 1326

*By William Olean, D.D.S.*

COLONEL ROBERT T. OLIVER HONORED  
BY FRANCE. 1329

*By the Editor*

ARE THE CRITICISMS OF THE DENTAL  
WELFARE FOUNDATION JUST OR UN-  
JUST? 1330

A RADIO LECTURE. 1334

*By E. L. Neff, D.D.S.*

POMPHALYX—AND A CURE. 1337

*By S. L. Jefferies, D.D.S.*

A LITTLE JOURNEY TO THE ROCKE-  
FELLER FOUNDATION—Chap. III. 1339

*By G. W. Clark, D.D.S.*

TWO LETTERS. 1344

EDITORIALS—*The American Dental As-  
sociation. Entertain-odonists. The  
Uniform*. 1346

LAFFODONTIA. 1350

Copyright, 1922, by Rea Proctor McGee

# As It Was—and Is

**A**NCIENT operative dentistry placed its reliance on gold. MODERN operative dentistry has found nothing to displace it.

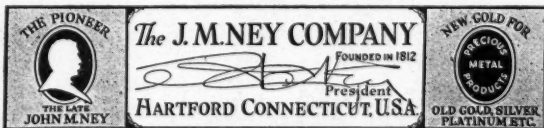
Therefore, dentistry has a tremendous stake in the nature and character of its precious metals.

It also has a tremendous stake in the nature and character of the firms making such supplies.

Modern manufacture has developed a variety of golds and gold alloys with physical properties to meet a variety of requirements.

The character of dentistry is, in a measure, governed by the character of its basic materials.

*Individual reputations rest on the same basis.*



*"Best Since 1812"*

# ORAL HYGIENE

Registered in U. S. Patent Office—Registered Trademark, Great Britain.

FOUNDED 1911

SEPTEMBER, 1922

VOL. XII, No. 9

## Pyorrhea



**T**HE word pyorrhea means pus running. Alveolus is the tooth socket; so pyorrhea alveolaris would be pus running from the socket of the tooth with the tooth still in place. Any inflammation about the neck of a tooth may be pyorrhea or may develop into pyorrhea if left alone. Pyorrhea comes mainly from neglect of the teeth and mouth, although in some cases it is due to infection from the general system.

Whatever causes it, there is one way to treat it and that is by the careful removal of all tartar deposits about the tooth and in the pyorrhea pockets, and the correction of all defects in the chewing apparatus.

The membrane that holds the teeth in place is the actual seat of this disease. Pyorrhea will not cure itself, and it means not only the certain loss of the teeth but general infection if left alone. If you have pyorrhea, have it treated. If you do not have pyorrhea, take care of your mouth so that you will escape it.

No. 9. Of a series of health talks, the text of which is approved by the National Dental Association.

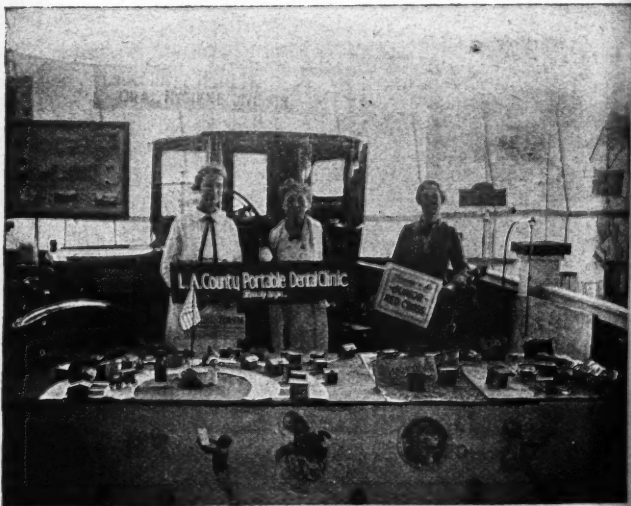
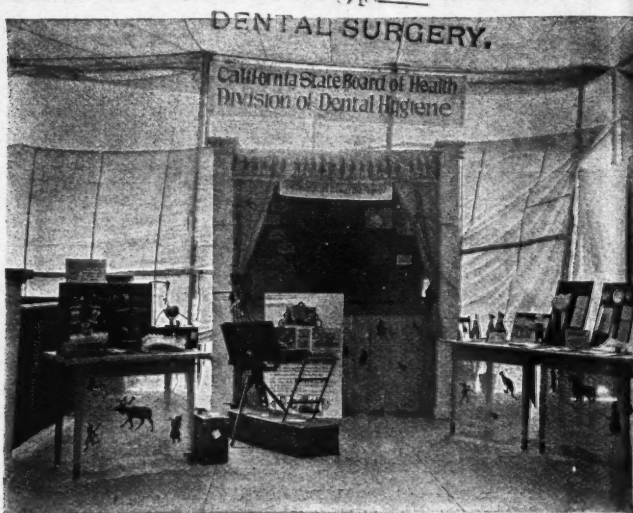
Copyright, 1921

DENTAL WELFARE FOUNDATION

Pittsburgh, U.S.A.

450,662 families will learn something about pyorrhea this month through receiving card No. 9 in the Dental Welfare series. There are almost as many ideas in regard to what pyorrhea is as there are people who have pyorrhea; and this card gives us a consensus of opinion as to what it is and how it may be remedied.

# LIBRARY BALTIMORE COLLEGE OF ORAL HYGIENE



gre  
Den  
Ang  
to 2  
A  
city  
It v  
Of t  
ia  
In  
C  
In t  
Of t  
Of t  
In t  
On t  
In t  
Of t

W  
form  
end  
way  
T  
expe  
meet  
five  
even  
the c  
T  
well  
comm  
N  
rend  
is al  
comm  
equa  
D



# The Los Angeles Meeting

By THE EDITOR

**T**HE sixty-fourth anniversary of organized dentistry was fittingly celebrated by the great meeting of the National Dental Association at Los Angeles, California, July 17th to 21st.

As the official Los Angeles city spell-binder would say: It was the greatest Meeting Of the greatest Dental Association In the greatest Convention City

In the greatest Oasis  
Of the greatest Desert  
Of the greatest Country  
In the greatest Continent  
On the greatest Earth  
In the greatest Solar System  
Of the greatest Universe  
now in existence.

Whatever the route, California is a long way off—one end of California is even a long way from the other end.

The distance, the heat, the expense, seemed to affect the meeting very little—almost five thousand registered—some even drove their flivvers across the desert.

The California spirit was well represented in the local committee.

No local committee has ever rendered superior service. It is almost safe to say no local committee has ever rendered equal service.

Dr. C. M. Benbrook was the

General Chairman; Dr. F. J. Franklyn Cook, Chairman of the Committee on Entertainment; Dr. W. E. Sibley, Chairman of the Committee on Exhibits; Dr. C. E. Price, Chairman, Committee on General Clinics; Dr. L. E. Ford, Chairman, Committee on Illustrated Clinics; Dr. Bert Boyd, Chairman, Committee on Publicity; Dr. J. Elton Lang, Chairman, Committee on Hotels and Halls; and Dr. Chas. C. Noble was Treasurer.

The beautiful Hotel Ambassador provided wonderfully satisfactory headquarters.

There were plenty of rooms for the sections and plenty of space for the exhibitors.

The manufacturers' exhibits were particularly interesting this year and received a great deal of attention from the visitors.

The first day of the meeting was devoted to registration, committee meetings and golf.

Tuesday morning the president of the University of Southern California welcomed the convention as guests of the educational institutions of California and Mr. Sylvester L. Weaver welcomed them on behalf of the city of Los Angeles.

Dr. Charles M. Benbrook spoke on behalf of the dental profession of California.

The responses were made

by Dr. Thomas P. Hinman of Atlanta, Ga., and Dr. Thomas B. Hartzell, President of the N. D. A.

The sections all ran smoothly—there has been a great improvement in the administration of the sections of late—let us hope that the present efficiency will continue and that the sound of the gavel may be heard throughout our conventions.

The section on Operative Dentistry, Materia Medica and Therapeutics devoted a great deal of time this year to the care of children's teeth. This is a most encouraging development.

The suggestions offered were elementary but were a start in the right direction. In a very few years the results in this section will be of the greatest importance.

"The Dentist's Place in Pediatric Prophylaxis," by Langley Porter, M.D., of San Francisco, showed the physicians' appreciation of dentistry for children.

Dr. Guy S. Millberry of San Francisco read a paper on the "Economic Value of the Care of Children's Teeth."

The Full Denture Prosthesis section under the administration of Dr. R. R. Gillis was an interesting battleground of conflicting opinions, which means a lot more for the sections than if everyone thought the same way.

The section in Partial Denture Prosthesis created a great deal of interest. One rather peculiar thing in this section

was that the chairman and the secretary have the same Detroit address—Dr. Theodore W. Maves, the Vice-Chairman, will show what Minneapolis can do at the next meeting.

The section on Oral Surgery, Exodontia and Anesthesia was particularly fortunate in having for its chairman Dr. William L. Shearer of Omaha, Nebraska. This section had the largest attendance of any section of the National and, notwithstanding the earnest efforts of those who do not appreciate the progress of oral surgery, interest in the work of this section continues to grow.

The position of this section is that surgery, exodontia and anesthesia are of themselves neither good nor bad, neither ruthless, nor conservative, but that when the pathological condition present requires surgical interference or extraction, the highest skill, care and judgment are required. Surgery is to be applied where surgery is necessary. It is just as unprofessional to oppose a necessary operation as it is to encourage an unnecessary operation.

The paper by Dr. Truman W. Brophy on "Bone Surgery Essential in the Treatment of Complete Cleft Palate," was the best that has ever been presented before this section.

The section on Orthodontia and Periodontia was well attended. The paper on "Some Things of Importance to be Considered in the Practice of

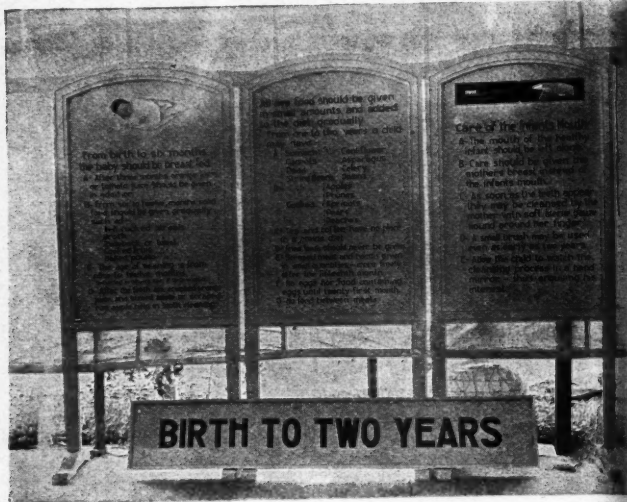
DENTAL SURGERY.

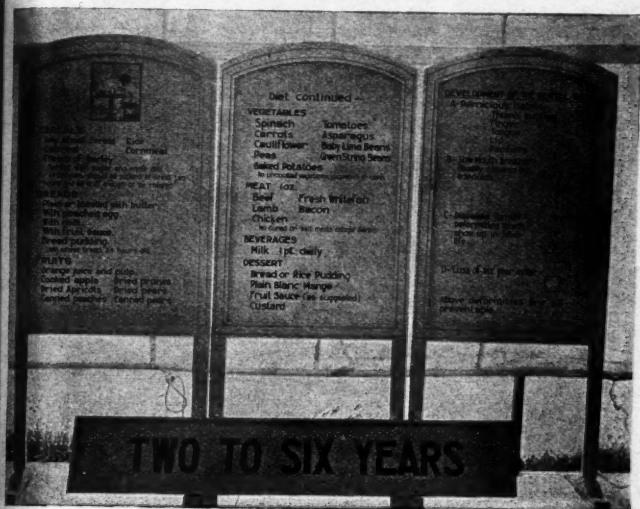


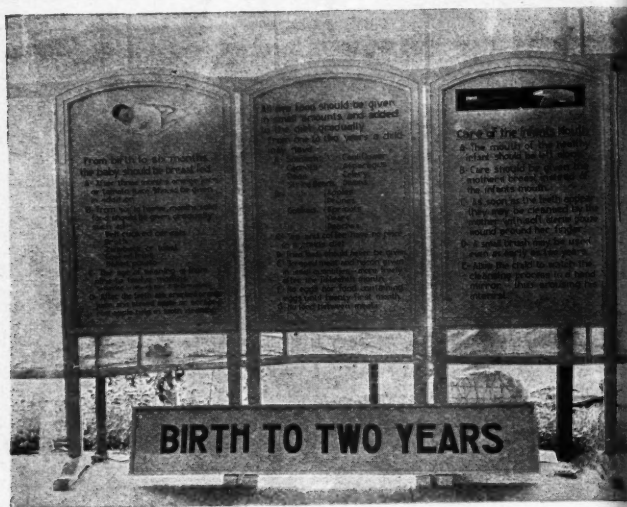
PRENATAL



PRENATAL









**VEGETABLES**

Spinach Tomatoes  
Carrots Asparagus  
Cauliflower Baby Lima Beans  
Peas Green String Beans  
Baked Potatoes

**MEAT** - 4 oz.

Beef Fresh Whitefish  
Lamb Bacon  
Chicken

**NEVERAGES**

Milk - 1 pt. daily

**DESSERT**

Bread or Rice Pudding  
Plain Blanc Mange  
Fruit Sauce (as suggested)  
Custard

**DEVELOPMENT OF THE BABY**

A. Perinatal history  
B. Birth weight  
C. Birth length  
D. Birth temperature  
E. Birth condition  
F. Birth condition  
G. Birth condition  
H. Birth condition  
I. Birth condition  
J. Birth condition  
K. Birth condition  
L. Birth condition  
M. Birth condition  
N. Birth condition  
O. Birth condition  
P. Birth condition  
Q. Birth condition  
R. Birth condition  
S. Birth condition  
T. Birth condition  
U. Birth condition  
V. Birth condition  
W. Birth condition  
X. Birth condition  
Y. Birth condition  
Z. Birth condition

TWO TO SIX YEARS

**CARE**

A. The child  
B. The child  
C. The child  
D. The child  
E. The child  
F. The child  
G. The child  
H. The child  
I. The child  
J. The child  
K. The child  
L. The child  
M. The child  
N. The child  
O. The child  
P. The child  
Q. The child  
R. The child  
S. The child  
T. The child  
U. The child  
V. The child  
W. The child  
X. The child  
Y. The child  
Z. The child

**MASTICATION**

A. The child  
B. The child  
C. The child  
D. The child  
E. The child  
F. The child  
G. The child  
H. The child  
I. The child  
J. The child  
K. The child  
L. The child  
M. The child  
N. The child  
O. The child  
P. The child  
Q. The child  
R. The child  
S. The child  
T. The child  
U. The child  
V. The child  
W. The child  
X. The child  
Y. The child  
Z. The child

**DEVELOPMENT OF THE BABY**

A. Perinatal history  
B. Birth weight  
C. Birth length  
D. Birth temperature  
E. Birth condition  
F. Birth condition  
G. Birth condition  
H. Birth condition  
I. Birth condition  
J. Birth condition  
K. Birth condition  
L. Birth condition  
M. Birth condition  
N. Birth condition  
O. Birth condition  
P. Birth condition  
Q. Birth condition  
R. Birth condition  
S. Birth condition  
T. Birth condition  
U. Birth condition  
V. Birth condition  
W. Birth condition  
X. Birth condition  
Y. Birth condition  
Z. Birth condition

TWO TO SIX YEARS



Periodontia and Orthodontia," by Frank M. Casto, of Cleveland, and "The Orthodontist's Problems in Connection with Pulpless, Missing and Impacted Teeth," by Albert H. Ketcham, of Denver, were the outstanding features of this section.

The section on Mouth Hygiene and Preventive Dentistry scored the greatest success in the history of the section. There was a time when this section needed sympathy but splendid work and capable administration of the section have placed it in the most enviable position.

The Mouth Hygiene exhibits were such a success that they will become a regular feature of the annual meetings of the Association.

Dr. Justin D. Towner, Dr. C. W. Day and Dr. W. H. Card deserve great praise for their untiring energy.

The section on Research is always interesting; the table clinics were more convincing than the papers.

The consideration of diet is becoming a factor of greater importance each year and it is not unlikely that a section on dietetics will be a development of the near future.

There are two sections devoted to politics—the Board of Trustees and the House of Delegates.

In one of the fraternity meetings a youngster from Texas was making a spread-eagle speech. After several startling statements he said, "I want you to understand,

brothers, that if you do not follow my advice, politics will creep into the National in the next four or five years—" That was as far as he got before the roof was raised.

Speaking of fraternities, they were not so much in evidence this year. There was less display of fraternity emblems and frat automobiles, all of which was gratifying both to frat and non-frat men.

The old spirit of rivalry between the fraternities seems to have expired—apparently they have been united into one political machine. It might be a good idea for the individual fraternity members to do a little thinking for themselves.

The election this year caused very little enthusiasm. The most favorable comment was upon the re-election of Dr. Carl D. Lucas as Trustee.

Dr. W. A. Giffen of Detroit was made President-Elect.

Dr. Giffen comes to the office of President-Elect with every prospect of success.

Dr. John Stephens of Cleveland, and Dr. C. W. Alexander of Piedmont, N. C., were elected Vice-Presidents.

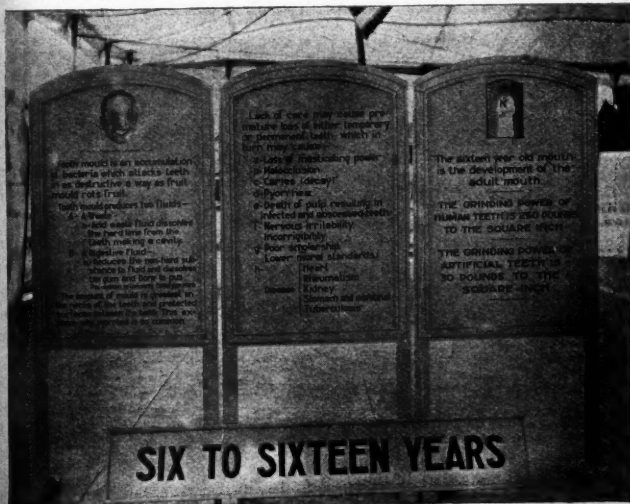
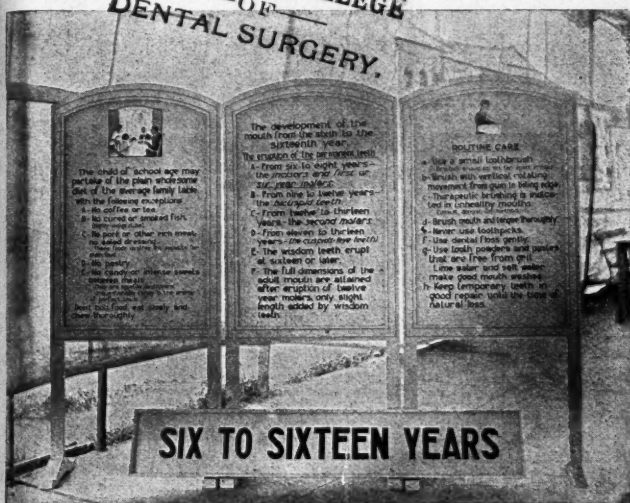
Dr. Otto U. King was re-elected General Secretary.

The Association is very fortunate indeed in having the services of Dr. King year after year.

The job of Secretary of the National, now the American Dental Association, is a very difficult one. Dr. King's popularity and ability have enabled him to defeat all

# LIBRARY BAYLOR COLLEGE OF DENTAL SURGERY.

1919



aspirants to the job before they get well started.

Dr. Clarence J. Grieves was again defeated for President. His election was considered so sure by his friends that they did everything except be present when the vote was taken. He was defeated by only three votes in the House of Delegates. It is a good idea to have your delegates present if you intend to win.

Dr. Grieves holds a very high place in the estimation of his profession and his defeat is in no way a personal reflection—it is simply politics.

Dr. Arthur Melendy was re-elected Treasurer.

The administration of Dr. Thomas B. Hartzell was a great success. Dr. Hartzell put untiring energy into his work and has made a distinct advance in the cause of organized dentistry.

Whatever glory there is in being president of the Association is equalled by the hard work in connection with the office.

Dr. John P. Buckley, the new president, assumes his office with the full co-operation of the members. He has a hard man to follow but with proper support, and we all agree to give him our support, he will reach as high a mark as his predecessor.

When Dr. Homer C. Brown was asked: "What improvement would you suggest in the National Dental Association?" he replied: "I would suggest the appointment of a special committee to watch

the editor of ORAL HYGIENE."

Three members on eight hour shifts would be about right—I would like to have one of 'em handle the correspondence.

She changed her name again—that is, the National Dental Association became the American Dental Association. The Association was newly incorporated with extended powers and is now able to act as trustee for funds, to receive legacies, sue and be sued and to do all of the things that a big corporation representing thirty thousand dentists should do.

The name American Dental Association is more fitting than National Dental Association. Any country can have a national dental association—it is a fact that there are two other National Dental Associations—but there can be only one American Dental Association and this is it.

The Entertainment Committee of one hundred, headed by Dr. J. Franklyn Cook of Los Angeles, made a wonderful record. Every morning there was committee of ladies at each of the large hotels to act as hostesses.

On Tuesday there was a long automobile trip through Pasadena, on Wednesday a trip through Hollywood and beyond.

On Thursday the big stunt was a Spanish barbecue and a rodeo at the Hollywood Bowl.

The Hollywood Bowl is a bowl-shaped valley, nestling among the hills of Hollywood.

ENE."  
eight  
about  
have  
corres-

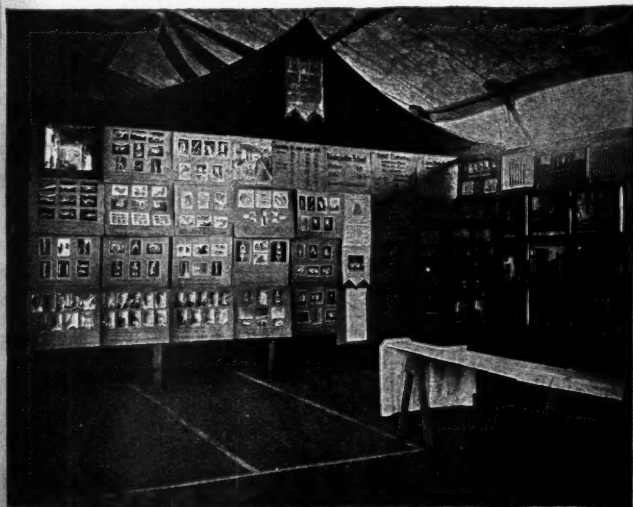
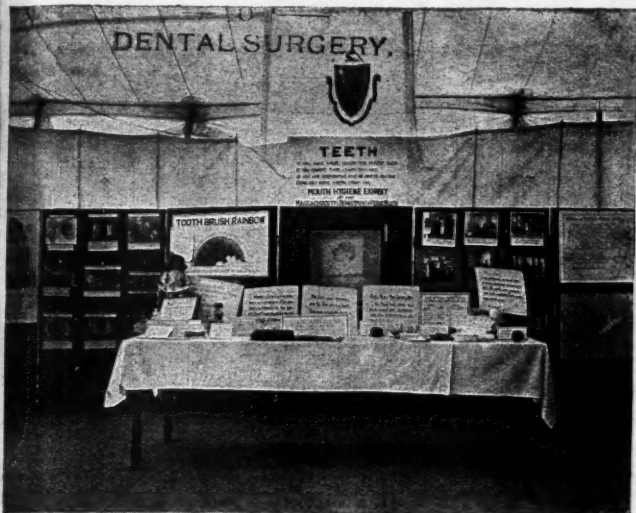
again  
Dental  
Amer-  
y in-  
ended  
to act  
receive  
ed and  
that a  
senting  
entists

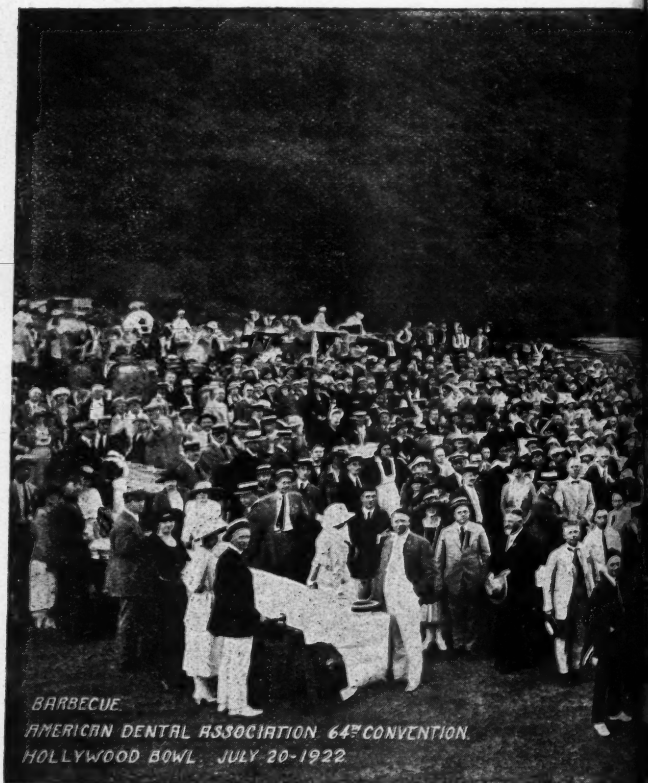
Dental  
fitting  
associa-  
have a  
ation—  
are two  
al As-  
can be  
tal As-

commit-  
ded by  
of Los  
nderful  
g there  
lies at  
to act

was a  
through  
sday a  
od and

g stunt  
e and a  
d Bowl  
wl is a  
nestling  
ywood





BARBECUE

AMERICAN DENTAL ASSOCIATION 64<sup>TH</sup> CONVENTION.  
HOLLYWOOD BOWL. JULY 20-1922

Someone discovered by accident that the acoustic properties of that valley are wonderful so with Hollywood-Los Angeles spirit the valley was purchased and became the Bowl. A stage for open-air performances and concerts was placed at the strategic point and back up the sides of the bowl are built rough seats.

In this Bowl, thirty-five thousand people can hear one man's voice without mechanical aid.

The acoustics are simply wonderful.

At the Bowl, in the afternoon, Tom Mix and his horse, with a few assistants, gave a very excellent moving picture wild west show. A Spanish



barbecue was prepared by Jose Romero and served out of doors to three thousand dentists at once.

There were Spanish dancers and Spanish music. Motion pictures were made under high-powered lights just as they are made in the studios.

After the barbecue the crowd took seats on the side

of the Bowl, the inside of course, and listened to one of the most beautiful concerts that they will ever hear.

The great Philharmonic Orchestra of Los Angeles consists of eighty-five pieces under the direction of Professor Alfred Hertz. It is a really great organization and Professor Hertz is a splendid director.

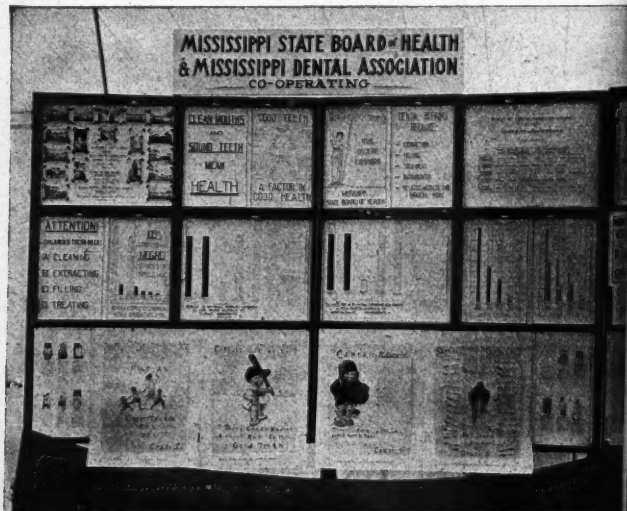


LIBRARY  
BALTIMORE COLLEGE  
ORAL HYGIENE  
DENTAL SURGERY.

**MISSISSIPPI STATE BOARD OF HEALTH  
& MISSISSIPPI DENTAL ASSOCIATION  
CO-OPERATING**



**MISSISSIPPI STATE BOARD OF HEALTH  
& MISSISSIPPI DENTAL ASSOCIATION  
CO-OPERATING**





Back of the concert platform a small mountain burst forth with fireworks like a young volcano and overhead an aviator sailed, dropping signal lights. It was a really wonderful evening and Dr. Cook and his assistants deserve great credit for their accomplishment.

This year there was a new departure—a health exhibit was arranged in a large tent on the lawn of the hotel. This exhibit was such a success that it should be repeated every year.

Pictures of the various features of the exhibit are shown in this issue.

[Exhibit photographs appearing in this article are copyrighted, 1922, by Oral Hygiene.]

The surgical clinics were not very successful.

There is a growing sentiment against surgical clinics at National conventions.

The table clinics were very good—that of Dr. Julio Endelman of Los Angeles was of unusual interest.

An exhibit from the Tokyo Dental College made everybody sit up and take notice. This exhibit was so good that it will be a long time before we equal it.

Altogether the meeting was a success, due very largely to the energy and spirit of the Los Angeles dentists.

### Forgive us, Dr. Kent!

In editorial entitled "The New Dental Film" appearing in June ORAL HYGIENE the name of Dr. Edwin N. Kent was given as "Dr. Daniel N. Kent."

We suppose the animals in the picture got our stenographer buffaloed and she had an idea Dr. Kent was some relation to the fellow who did the job in the lion's den. We're sorry though that this error crept into our commendation of so excellent a film as "Your Mouth."

Dr. Pauline Horvitz-Halperin has been appointed National Chairman on Oral Hygiene of the Committee on Public Health in the Council of Jewish Women.

Dr. Horvitz-Halperin is a very capable and energetic exponent of oral hygiene and will not only make a success of her part of the public health program of the National Council of Jewish Women, but will directly benefit great numbers of people to whom she will carry the truth about the health of the mouth

Scandal mongers simply tell us what they would do themselves if they had the opportunity; but they use *your* name for camouflage.

# The Right Choice of Filling Material

By WILLIAM OLEON, D. D. S., Pittsburgh, Pa.



THE success of one's work is not judged by mere appearance only, but rather by its lasting qualities long after the shine and gloss have become slightly dimmed.

The question arises: which filling material should receive the preference in one case and which should be selected in another case? Logically following it is the question suggesting: is the health of a patient a factor in determining the lasting qualities of a filling material?

The metallurgy and chemistry of various filling materials have been dealt with from various angles, so much so that all of them are comparatively tame in their behavior as regards expansion and shrinkage; perhaps because of this fact one is apt to abuse them, in the sense of treating the materials contrary to the directions given, hence, oftentimes, failure as the result.

Proper restoration of a tooth so as to make it a useful factor in mastication is a problem in itself aside from any esthetic consideration. Most dentists agree on the fact that an amalgam restoration for anterior teeth is objectionable, while many persist in the use of silicates for posterior teeth,

where the stress is often great yet this divergence of opinion as to the use of one and rejection of the other is arbitrary in its manner, dependent on the whims of the individual dentist, rather than a well developed scientific theory.

It is well to see a finely restored amalgam filling, but the question is: will it prove lasting long after the polish has been dulled? In considering the process of restoration of any particular tooth with all possible filling materials the factor of patient's health must inevitably be taken into consideration as of paramount importance in maintaining the filling material in serviceable condition.

What is the reason for a silicate filling, with all the necessary precaution taken in placing it in a cavity, in one mouth leaving a brown line while, placed under similar conditions in another mouth it will prove to be quite successful for a good number of years? Again, why is it that a gold inlay, despite precaution taken, will in time expose the margins, thus endangering the life of a tooth? One wonders as to the reason for a well-polished amalgam filling assuming a dirty color. Possibly one may say: due to the presence of acids in the mouth,

may be so; then surely the question asked above is begging an answer: how are we to determine when, where and what to place?

Careful observation on numerous patients has proved beyond a doubt the interrelation existing between good health, teeth and maintenance of restorative work in good shape.

It is a truism, though often overlooked, that the materials may become only valuable in proportion as to their lasting qualities, and this phase in dental work has been lagging considerably.

Although we have been fortunate through numerous discoveries in enlarging our chest of tools," filling up our cabinets with all sorts of filling materials, alas, we have not been provided with a scientific chart based upon definite conclusions where and when to

use this or that filling material on a preference to some other. This, as time goes on, will prove to be a serious handicap and it is only too important that the matter should be considered in all its aspects and conclusions definitely arrived at, thus eliminating guess-work—too often costly and embarrassing to the dentist as well as to the patient.

The rule not to use what is not lasting is well and good; but what means are there to determine what *is* lasting and what *is not*? Surely one agrees that the only way to restore an edentulous mouth is by means of a plate; but what of

the mouth with some teeth left: is it a partial with clasps or a removable bridge? Those are questions in a measure just as important as the right choice of filling material.

What, then, is the solution of the seemingly vicious circle oftentimes confronting the dentist in deciding which filling material to place in the mouth of the patient?

One cannot escape the conclusion that before deciding to place the filling there is one factor which is most essential—and that is the proper knowledge of tooth structure, as well as the proper preparation of the tooth for a filling aside from any other consideration. The physical make-up of the patient is valuable inasmuch as it becomes a decisive factor in maintaining the filling in good shape.

And well it behooves the dentist, though extreme as it may appear at present, to take a careful history of the patient, eliminating possibly some of the unnecessary data, but leaving those which have, or will have, a direct bearing upon the condition of the restorative work in the mouth.

The acidity of the stomach, and the presence of abscessed roots as well as teeth are, in a greater measure, those factors which act as deterrent agents in the life of a filling material.

The difficulty of the right choice of filling materials is in our lack of sufficient data to prove that an acid mouth, or the other of the above-men-

tioned factors, are the causes of deterioration of the qualities of the filling material.

This is not a matter of X-Ray, as in the case of root canal work, but rather is a diligent and patient application on the part of the dentist as to the actual conditions of the patient's health, and carefully kept records; this will have a bearing upon our future knowledge of when to place certain material in preference to another.

It is unquestionably true that dentistry is gradually gaining for itself the place where it justly belongs, but the point of value will be in maintaining the place once it is achieved.

The challenges of Osler and Hunter and the others are well taken care of, perhaps in a better measure, than by our

colleges of the medical world but if we are to attain still greater heights then a retrospect is necessary.

Dentistry is in need today of standardization as regards the proper choice of filling material, a standardization of root canal technique similar to the well-developed prosthetic technique.

This is on the program of the day and side-tracking these issues is merely postponing the day of judgment.

It is not so much what the medical world will say, but it is for the benefit of those dentists, who are engaged in catering to the great number of people, whom God must have loved, for there are many of them, as Lincoln once said.

The answer is with the profession.

### New England Dental Society Meeting

The twenty-eighth annual meeting will be held at the Harvard University Dental School, Boston, Mass., October 26th, 27th, 28th, 1922.

ALVIN A. HUNT,

902 Main Street, Hartford, Conn.  
*Secretary*

The Massachusetts Board of Dental Examiners will hold an examination October 3d, 4th, 5th and 6th. Applications for this examination should be on file at Room 146, State House, Boston, at least ten days in advance of examination.

J. N. CARRIERE, D.D.S.,

*Secretary*



Copyright Wide World

### Col. Robert T. Oliver Honored by France.

**T**HE distinguished services in France of Colonel Robert T. Oliver, D. C., U. S. A., have been officially recognized by France in the bestowal of the Cross of the Legion of Honor upon the Chief of our Dental Corps.

At the request of the French government, General Pershing presented the citation and pinned the Cross upon the breast of Colonel Oliver.

ORAL HYGIENE joins with the host of civil and military friends of Colonel Oliver in extending congratulations upon this well merited distinction.

The Legion of Honor was established by Napoleon in 1804. Soldiers and others, who had distinguished themselves, received a star containing the Emperor's portrait.

Under the Republic the order was reconstituted and instead of a portrait of the Emperor the words *Republique Francaise 1807* appear on the face of the Cross and on the reverse two flags with the legend *Honneur et Patrie*.

Colonel Oliver will wear the Cross of the Legion of Honor with credit to the Legion, to himself and to the military service of the United States.—R. P. M.

# Are the Criticisms of the Dental Welfare Foundation Just or Unjust?

This is a reprint of the leading editorial in the June issue of the *International Journal of Orthodontia, Oral Surgery and Radiography*.



HERE has probably been no movement in the dental profession which has caused so much criticism from various sources as has the action of the National Dental Association in recognizing the Dental Welfare Foundation.

A great amount of this criticism has come from men not familiar with the purpose of the Dental Welfare Foundation, or the manner in which it received recognition from the National Dental Association. There has never been any action of the National Dental Association and the Board of Trustees that has been so misinterpreted and about which so much misinformation has been given out.

The statement has been made that the Dental Welfare Foundation was "railroaded" through the National Dental Association and was brought up as an order of business at the last meeting of the Board of Trustees and the House of Delegates, and consequently did not receive the proper consideration. As a matter of record, no business that came

before the House of Delegates or the Board of Trustees received as much deliberation as did the plan of the Dental Welfare Foundation. This was because men who were interested in the Foundation realized their acts would be open to criticism, and consequently desired to give everyone a chance to express an opinion on this matter before it was finally passed.

On three different occasions the proposition was brought before the Board of Trustees for consideration and each time it received only favorable comment, although two members of the Board did not speak in favor of it, yet when it was voted on they did not vote against it. These two members were given ample opportunity to raise objections to the plan but no objections were raised. It was passed unanimously by the Board of Trustees and therefore was passed on to the House of Delegates, where it again received unanimous endorsement.

It therefore seems to be rather improper that the Board of Trustees and the House of Delegates should now be criticized by the men who were not interested enough in the



welfare of dentistry to attend the National meeting at Milwaukee. Those who had objections and were interested in the National Dental Association should have attended the meeting and raised their objections at that time.

In the face of the criticisms raised, we should consider whether the purpose of the organizers of the Dental Welfare Foundation is such as to enlist support or condemnation. The plan of the Foundation as outlined before the Board of Trustees and the House of Delegates was to provide a means of distributing dental information among the public, in such a manner as to avoid any criticism relative to unethical conduct by the dental profession.

The dental profession had at various times considered the distribution of dental information, but any plan that was seemingly backed by a few of the dental profession, would be misinterpreted by the public. The public would consider the dentists were working for their own advancement rather than with a motive for the benefit of the public from an educational standpoint.

A number of members of the dental profession have always agreed that they would be willing to contribute a little money to some fund which would have for its object the enlightenment of the public on dental needs. Consequently the Dental Welfare Foundation proposed a plan that seemed to solve the problem

more satisfactory than anything that had ever been suggested.

After this plan had been adopted by the Board of Trustees and the House of Delegates of the National Dental Association, the criticisms began to come in. Let us consider the nature of the criticisms and what it amounted to, and then we shall be better able to decide the justness of it.

One of the first criticisms was that the Foundation was organized by dental supply men for the purpose of furthering their own interests. This is a criticism which at the present time has very little justification, judging the action of the men most interested in the organization of the Dental Welfare Foundation. The action of the majority of the officers of the Foundation before and since its organization has been only such as would tend to show they were working for the benefit of the public and not for their own private interests. A few isolated cases have been brought to our attention where small dental dealers have attempted to use the Foundation as a means of stimulating business among dentists and some have even attempted to use it as a means of selling goods to dental students. In all cases where this has been brought to the notice of the Dental Welfare Foundation, the privileges offered have been denied these dealers and they have been refused the authority to



receive subscriptions from dentists to the Dental Welfare Foundation.

These acts of the officers of the Dental Welfare Foundation suggest that the officers at least are working for the education of the public, and if their plan is abused by a few dental dealers, it is no worse than what the dental profession is confronted with when their code of ethics is abused by a few advertising dentists. We are sure no one would condemn the entire dental profession for the unethical acts of a few dentists, so why should the entire Dental Welfare Foundation be condemned because of the acts of a few unwise dealers?

Another criticism is that "the public does not need more dentistry but better dentistry." We find this argument coming from a class of men who practice in communities or among a clientele that had been accustomed to appreciate dental services. Probably some of the most adverse criticisms have come from men who have select practices. A man with a well-established clientele among a more refined people can afford to say that his patients want better dentistry and not more dentistry, but this man is only viewing the dental situation from the confines of his practice, and has no opportunity to come in contact with the large number of people who need dental education and more dentistry, before

they will be prepared to receive better dentistry.

The need of education is impressed upon us because we can view the situation from two sides, namely, from a private practice and an East-side dental clinic. The people we see in private practice are of the class that would not be reached by the work of the Dental Welfare Foundation. They belong to the group that need better dentistry. Of the patients we see in the clinic the majority belong to the group that need dental education. This is proved by the fact that day after day we see little patients brought into the clinic, six and seven years of age, with the first permanent molars hopelessly decayed. The mother makes the statement that she thought it was deciduous tooth. When informed that the first molar is permanent tooth, she is willing to go to any means or do anything necessary to save the tooth, but the tooth is beyond saving, all because she did not have the proper education of dental subjects.

It is this large group that the Dental Welfare Foundation will reach, and it is this group alone that would justify any effort made by the National Dental Association, the Dental Welfare Foundation or by the individual dentist, to get information to them and save these little patients the decay of the first permanent molars. Better dentistry will do them no good because the large middle class needs

education to avoid the decay of these teeth, and if they get this education, experience has proved they will make even greater sacrifices than the upper classes in order that these teeth may be taken care of to avoid the suffering and pain that comes to a youngster from a decayed and aching first permanent molar.

We believe the criticism of the Dental Welfare Foundation is unjust and has been made by men because they do not appreciate the general dental situation so well as did the organizers of the Foundation. If the education which

the Dental Welfare Foundation is sending out succeeds in saving but a few hundred first permanent molars, the effort will be worth while, and the movement will be one which should receive greater support next year than it has this year. To those men who are criticizing this movement, we would suggest a more careful consideration of the Foundation, and that they be less anxious to criticize until they can suggest a more feasible plan that will be of more service to the large middle class that needs education.

---

#### Radio Messages from Health Department on Care of Teeth.

Special emphasis was laid on the care of the teeth in this week's radiophone message from the state department of health just received by Health Commissioner N. Sifritt and Health Officer Charles N. Tobin, says President Harding's *Marion Star*. The message deals particularly with the health of children and outlines the department's plan for instructing all Ohio teachers in carrying the health message to their pupils during the next school year. The co-operative program developed by the departments of health and education will be a feature at the teachers' institutes to be held this summer, it was announced.

---

#### Says Milk Makes Good Teeth.

BOSTON.—More extensive use of milk, green, raw vegetables and fresh foods will help prevent tooth decay, Dr. Percy C. Howe, chief of the research laboratory of the Forsyth Dental Infirmary for Children, told the National Education Association, meeting here. Modern foods are more likely to be deficient in calcium, which is contained in milk, than in any inorganic factor, he said. They are also likely to be deficient in vitamins. Animals fed on diets lacking these substances develop soft, loose, irregular teeth identical with the decayed conditions in humans.

# A Radio Lecture

By E. L. NEFF, D. D. S., Pittsburgh, Pa.



FOR the sake of appearance, comfort, health and longevity our teeth need the best we can give them. The best we can give them is proper food, sufficient exercise, regular cleaning, and dental service.

What a great asset to one's appearance is an orderly arranged and well-kept set of teeth and what a joy, too!

All of you have seen women and girls who had spent much time and money on their toilet and their clothes, with very creditable results, but when they opened their mouths to laugh or to speak, all else is forgotten in the surprise, revulsion or disgust one feels.

If your work demands that you talk to others, look well to your mouth, for any great variation from the normal, healthy, clean appearance is a great handicap—for your prospect gets off the subject you are talking about, to think of your teeth. Extreme cases are even the subject of conversation among those with whom they come in contact. I recall one business woman of whom half a dozen patients have remarked to this effect: "I wish you or some other dentist would do something to those horrid teeth of Miss So and So."

Your case may require some carefully planned and well-executed dental work, but even

after that you must be on the job regularly and keep your mouth in the best shape you can for the best restoration a dentist can make is but a patch on Nature and must be well cared for to give the desired result.

Many a family quarrel has started, many a friendship has been broken, many a customer has been lost, and many a pay envelope has been short dollars as the result of an aching tooth. Each of which could have been saved by timely attention.

You might be interested to know that the revolution in Mexico had its beginning as the result of a tooth. In an interview some years ago in Paris Ex-president Diaz, one of the strong men of Mexico, when asked why he resigned, said "I could have managed the situation at the time but I had been suffering for days with the toothache, so when complaints, questions for decisions and demands kept coming in, I just quit."

The influence of mouth conditions on the general health is at this time being very much talked about and possibly is being over-worked. But since the X-ray has come to our assistance it has revealed large areas of bone degeneration about the roots of the teeth, teeth that both the dentist and patients thought were all right, and, after the removal of these conditions, improvements were

noticed that caused both the medical and the dental professions (to use a term of the street) to sit up and take notice.

The organs and tissues most affected were those Nature had taken most care to protect and are well-protected from outside influences—namely the membranes lining the joints, the lining and valves of the heart, the kidneys, and the nerves.

The areas of bone degeneration found about the teeth occur in cellular bone that is well supplied and is in direct contact with the blood. The end products of this degeneration, together with bacteria causing it, find their way into the blood stream. In fact, that is their only outlet. So those tissues, so well protected from the outside influences, are exposed directly to these toxins or poisons. The result may be rheumatism, heart trouble, inflammation of the urinary tract, neuritis and a host of other ills.

One of the most convincing things about the direct bearing teeth have on health is that physicians are coming in and having all their own teeth X-rayed and the questionable ones removed.

Teeth do not cause all diseases of obscure origin, but there is no question but that they are the direct cause of much systemic trouble.

As to the care of the teeth—make a regular effort to keep the teeth clean. Your teeth may decay and your gums may become diseased in spite of any thing you may do, but rest

assured they will last you years longer than they would if you made no effort, and your dental bill will be smaller. The kind of food eaten has a great deal to do with the teeth. The closer one lives to Nature and the commoner his food, the better it is for his teeth—whole raw milk, cream, whole wheat bread, brown sugar, fruits, especially the citrus ones, the salad and the succulent vegetables. Don't be afraid of a tough piece of meat or crusts of bread, for disuse is one of the greatest enemies of good teeth and healthy gums.

If you don't use them, Nature thinks you don't want them and proceeds to take them away, and this procedure is in the end quite painful. Again I say, use them.

The grist mill, the food chopper and a good cook has so prepared the food that little if anything is left for the teeth to do—and they have suffered materially.

The prospective mother should eat abundantly of foods rich in lime salts for her own health and that of the developing child, for it is during gestation that the crowns of the deciduous or milk teeth are formed.

After its arrival give the baby its natural nourishment if at all possible for it is during these early weeks and months of experimenting and trying of the substitutes that the six year molars and the front teeth are forming—and if the material to build with is not there how

can you expect Nature to do a good job of it? If you run counter to the way Nature planned it, don't ask your dentist why little Johnnie's teeth decayed so early.

When you pick your dentist pick one in whom you have confidence—of his ability and honesty of purpose—then let *him* be the dentist, for he wants your work to be successful and if let alone will do his best.

If your work should prove not satisfactory, he would like to know it. Go back and let him see it. You will be surprised how readily he will correct it, if it is possible for him to improve it. But do not go back ready to do battle and tell him what you think of him with the idea that you will force him to do this or that or thus and so, for the chances are he will then do nothing.

---

### Nobles of Old Time Took Sound Teeth From Humble Folk

BERKELEY.—Dental science is not a modern discovery. In fact, it was practiced most successfully twenty-five centuries ago. Almost the same treatments of teeth practiced today were practiced at that time.

According to the *San Francisco Chronicle*, Dr. William S. Popper, associate professor of Semitic languages at the University of California, has some interesting information concerning excavations at a Phoenician necropolis at Sidon, which shows that the early nobles were as concerned about their teeth as their present-day brothers.

Almost perfect specimens of "bridge" work, done by means of fine gold wires, have been unearthed. The teeth were well preserved, despite the fact that bones found in the same tombs had crumbled away. Although the idea is crudely carried out, a "bridge" was discovered in the mouth of a noble which proved unusually effective, according to investigations. The big difference, say the investigators, between the ancient and the present way of forming "bridges" is that at this time artificial teeth are substituted, while in the fourth and fifth centuries before Christ, molars were many times forcibly taken from persons in humble stations of life to replenish the decayed teeth of nobles.

# Pomphalyx—and a Cure

By S. L. JEFFERIES, D. D. S., Gaffney, S. C.



WISH to report a case of Cheiropomphalyx (Pomphalyx), and a treatment for it.

I wish to report the case in a very simple way as I do not wish to go into any more detail than is absolutely necessary. My reason for making this report is that I consider it my duty, for the probable benefit of other dentists who may be afflicted with the same ailment.

Pomphalyx, as the physician has described it to me, is a breaking out of rash on the palms of the hands and the sides of the fingers in the form of watery vesicles, these watery vesicles being in patches and continuing to spread until they unite, the rash being accompanied with violent itching and irritation.

Pomphalyx is the result of irritants such as novocain solutions, and bi-chloride solutions, etc. Further description may be found in the medical text books.

The writer of this article was affected with pomphalyx. He tried the treatment of several physicians and made a trip to Hot Springs, Ark., in the hope of curing the ailment, but without avail. Both the doctors and Hot Springs failed to do any good whatsoever, but I kept working on the case diligently until I stopped the

trouble entirely. When I ran onto the proper treatment, it responded at once, and it was by experimenting that I came on the treatment that cured the trouble.

The sides of my fingers on both hands were practically raw for about one year and a half. I could practice only a part of the time and continual washing of my hands aggravated the trouble. Various kinds of skin soaps did no good, but the soap that did do some good was plain old turpentine soap, and the cheapest of any I tried. I use Octagon soap now for hands, face and body. Of course the turpentine soap alone didn't cure the trouble.

The itching and irritation continued on my fingers indefinitely it seemed and I felt as though I could grab my fingers and pull all the skin off them. Scalding water gave them the most pleasant sensation and temporary relief. The sores extended all the way between the fingers and I had serious thoughts of having two or three of the fingers extracted (amputated). I had tried practically all the salves and remedies known, including yeast and various tonics, blood purifiers, etc. without avail. I had now come to the point where I would grab at a straw, just any old remedy. In the meantime, the thought occur-



red to me to burn the affection off my fingers and this I proceeded to do.

I began with 40% sulphuric acid, followed with carbolic acid. I took a pair of pliers, wrapped cotton around the beaks, dipped it into the acid and worked the acid into the vesicles and sores. I did the same thing with carbolic acid and worked both well down into the vesicles. I let this stand for one to two minutes and then followed with bicarbonate of soda solution in the same manner, working it well into the pockets and vesicles. When this treatment was completed I could see deep channels and large holes in the skin, all hollowed out.

My next idea was to protect these channels and holes with a covering salve. I made up a salve of wheat flour, honey and Octagon soap (put a quantity of flour in jar and put in enough honey to make a salve when worked and then scraped the soap with knife and added a quantity about the size of a guinea egg and worked it into the salve, adding 10 to 15

drops of turpentine and working it into the salve).

Next, I bought a quantity of 1-inch gauze and adhesive plaster. Then I put plenty of salve on each finger, wrapped the gauze around and followed with the plaster. I wrapped the fingers up so well that I could wash my hands without removing the dressing, but of course I couldn't do any dental work. I changed this dressing night and morning. When I could see any new vesicle I would work the acid well into it and in the old burns if they seemed not to be deep enough, I added more acid and soda as previously. I continued this process for about one month when my fingers were all nice and well and I returned to work.

My fingers have been well now for 12 months and there is no sign of the trouble returning.

I advise all dentists to use syringes that do not leak, and if any anesthetic solution gets on their hands, to wash it off at once with Octagon soap. Also, keep your hands out of lysol or bi-chloride solutions.





# A Little Journey to the Rockefeller Foundation

By G. W. CLARK, D. D. S., Fort Dodge, Iowa.

## CHAPTER III

**R.** VINCENT is a charming man. He is a dandy to interview. And, funny, he is not a "regular." Yet he is not against the "regular" doctrines, as such. He does not take himself, or his organization, too seriously. There are really only three kinds of men, anyway: the *regular*, the *better* and the *worse*, and he is not the latter. He is very tolerant. He seeks only to do his bit to weed out the reactionary stuff, the stupid stuff, which for ages has perpetuated the myth of "automatic progress."

The Associated Press report of the Foundation showed that he was NOT one of the "uncritical optimists" who sit tight upon the doctrine of automatic progress. This may be because the natural retrogressive selection of this civilization prevents this kind of progress.

He is what might be called a "middle of the road" man; neither a bench-warmer or a pinch-hitter. He knows an emergency when he sees one and his reply to the following question proved this—when the interviewer asked him his opinion of the cause of the general lowered resistance to

degenerative diseases, the rising tide of cancer (2 per cent increase in the past year), the steady shortening of the life span above the age of forty (one and one-half years in every ten, A. M. A.), and *all in spite of twentieth century medicine.*

His reply, in effect, was: "that the present disease emergency was the natural consequence of intensified denatured living." The remedy was "right living."

He advanced no concrete plan of remedy, although he did say there must be a better common education of the public, which would excite confidence and co-operation in and with the professional man. But a better common education in what? Evidently it must be a study of life and health. The study of disease, or the variations of health, would not meet the present emergency. The "old school" had done much to relieve human suffering, but the present health slump showed up the weak points of its materialistic doctrine of cure.

We must stop this "endurance contest" between the lay and the professional men. It is well enough to make a shrine of authority if that

authority does not stubbornly stick to traditions and disguise cowardice and selfishness in the hope that stale traditions will remain popular and financially productive, during their own short lifetime.

In prophylaxis it is the "little knowledge" that is needed. It is the liberal acceptance of the premise that "there is an orderly design in Nature," that "man was made to be well." This is the true biologic viewpoint, and the supreme motive of a more enduringly popular professionalism must be built upon it.

In speaking of our different great universities, Dr. Vincent specially mentioned the University of Minnesota, and especially the Dental Department of that institution, as being progressively idealistic along the lines of advanced prophylaxis. This school has agitated the biologic viewpoint for several years. The interviewer has before him a letter from the Dean of the Medical Department of this school—E. P. Lyon—which discloses the viewpoint of this school, regarding liberal lay education along biologic lines; the letter follows in part:

I may say that I am highly in accord with the plan which will bring the people to an appreciation of the real basis of medicine (including dentistry) and what medicine can and cannot accomplish. I am sure anything that emphasizes the mechanical side of our makeup reduces the thought to terms of common interest, and tends to do away with superstition and schemes of cure which are founded upon superstition and lack of knowledge of structure of the body.

In answering the inquisitive patient's questions—"What is the cause of this increase of cancer?" it is well to quote the biologic hypothesis, than which there exists no better answer—"Disease is cellular rebellion and the cancer cell is the arch anarchist of all the lawless cells, against which prevention alone will win."

We should utilize the credulity of the public, constructively, by giving them biologic reasons and not allow it (the credulity) to go to seed, as in the past.

There is now a movement on foot to curb the increase in physical, social and mental degeneration, which suggests the move outlined in the "Conclusions" to this article.

This movement promises to be a popular one and, through its popularity and democratic character, it promises to boost the cause of prevention. It no doubt will break down the "conspiracy of silence," which is blockading medical progress.

This movement is about to be instituted by a group of eminent American scientists. It will be a searching, unblushing inquiry into the age-old sex question, and this leads us to think that "prenatal impressions" will figure in its research work. This will offer dentistry a new and inspiring field to prove its worth, by observing the effect of cleaning up the mouths of the pregnant mothers and maintaining asepsis and allowing the dentist to extend his studies and his field of service

into that of general nutrition. This will be a step toward making the dental offices of the land a sort of clearing house for information relative to the proper nutrition, which will furnish the coming child with more vitality and a better dental mechanism than is commonly found today.

Dr. Burkhart tells us that the average adult is practically hopeless from a prophylaxis educational standpoint. This however, depends upon the manner of the presentation of the subject.

Even so, we find in the expectant mother a deeper personal interest, and in her lies the grand field for future research. The lesson, to the indifferent, will be profound. More of this later.

In this interview, on account of the limited time for the preparation of a brief synchronizing with the function of the Rockefeller Foundation and the newness of the thought of dentistry being prepared to render its full force in popular prophylaxis education, the interviewer terminated the interview with a brief reference to the idea of utilizing the Red Cross nurse who is in direct contact with conditions among the ignorant and the impressionable of the cities and among the rural population in the spreading of the doctrine of prevention. From this data public school work could be developed.

### Conclusions

There is no joker, no "ketch"

in the program of the Rockefeller Foundation, in tackling the problem of prevention, as suggested in the Associated Press report.

Their policy is one of "watchful waiting" and while "scientific evidence" of the potency of the liberal biologic viewpoint in health matters is a rather vague certainty, the dental offices will receive their share of educational publicity, as soon as the Foundation is satisfied that the "movement" is general.

### "Public Opinion" Will Release the 90 Per Cent

No organization is big enough or strong enough to ignore "public opinion" all the time, (A. Lincoln). Organization functions progressively only in proportion to its adaptation to public opinion.

Public opinion is easily manipulated it is true, yet it is brutally neutral—it cares little what happens to the professions. The public does not know of the "unwritten laws" of life.

This prevents it from living right, thereby promoting physical degeneration. (cancer, etc.).

Public opinion is treacherous, in its ignorance, for it feels licensed to mislead the professions by applauding the "easiest way," the immediate expediency stuff, in one breath and it will coldly damn them in the next, for not advising the biologically proper or the "best" way. The "popular"

or regular way, has an ultimate net yield of 10 per cent in dental prophylaxis, (Fones).

### Pure Science Must Be Taught

The biologic viewpoint is NOT super-idealistic or visionary. The biologic target is NOT too high to shoot at today. Nor is it out of range of humanity's present needs, or appreciation.

It's a "boob" who does not know that the loss of power in transmission of *any* truth, from its source to the point of its application, is big enough. In medicine, the loophole in our civilized education which has permitted the present physical degeneration and health emergency, is the direct result of this loss of the power between the fundamental knowledge of life (biology) and the application of "old school" methods in private medical practice.

### Will It Pay?

What's that? Does the biologic doctrine pay in dentistry? Get this! It turns the "beanery" of the old school appreciation, into the "banquet" of the new. It's the "life" view that gets the patient's interest and his *willing* remuneration. It eliminates the need of salesmanship.

### The Burbank Plan

The work of Luther Burbank is analogous. It meets the "thought capacity" and interest of the public, and has all the authority going. Apply the simple laws of animal and

plant husbandry to that of safeguarding human life. Get away from the "ifs and buts" of symptomatology. Let the imperturbables slumber on, for Burbank says:

We must study and search for the truths of life instead of their variations. Intellectually, we may know many things, but they will never be of any great value toward a normal growth unless there is an inward awakening, an intuitive grasp, an impelling personal force which digests, assimilates and individualizes. The intuitive consciousness, combined with extensive practical knowledge and "horse sense" has always been the motive power of all those, who have, for all time, left the human race rich with legacies of useful thought, with ripening harvests of freedom and ever increasing stores of wisdom and happiness. We are now standing upon the threshold of new methods and new discoveries which will give us imperial dominion.\*

"Regular" methods have done much to relieve human suffering, but they have done little to retain virility. Neither have these methods healed the deep personal hurt of the world, for they have not found the panacea and they never will. That will require a different spirit in service—the *Prophylactic Spirit*.

### A Working Plan

A working plan to popularize the biologic viewpoint, thereby releasing the 90 per cent of "well" people who need prophylaxis education and service, is formed. To finish the job, it only needs about 1000 good men and true, who are willing to devote

\*The Training of the Human Plant.—Burbank.

that of a small share of their time and energy to research, and in liberal professional and lay education in the practical application of biologic laws to dental service (without pay). Personal compensation to the dentist automatically begins with its first introduction to the bonafide patient.

Will 1000 men volunteer? The constructive work is done by the means of questionnaires designed to show that the dentist has broadened his field of interest and usefulness, so that it includes the "full life cycle" and more, by including the prenatal consideration of nutrition.

The most serious drawback

to medical progress is the same, as in all other human interests (labor, capital, social, etc). Too many small circles being drawn by over-organization.

Concerted action on the part of the profession, along liberal, authorized lines, will relieve the tooth paste vendors and the much maligned dental trade, from the burden of lay education.

### Summary

THE PROFESSIONAL MAN CAN TELL THE PUBLIC ANYTHING, EVEN THE BIOLOGIC TRUTH, AND THEY WILL BELIEVE IT. THE INTERVIEWER HAS TRIED BOTH AND THE LATTER WORKS 100 PER CENT.

have  
human  
e done  
Neither  
healed  
of the  
e not  
l they  
quire a  
vice—

Editor ORAL HYGIENE:

Just a line to tell you how much I enjoy your publication.

If you are half as good a surgeon, it's a damned shame you ever smelled printers' ink.

Fraternally,

Wm. C. Marks, D.D.S.

Galesburg, Ill.

Below is given a story that was told me as an actual occurrence by the woman in the case, and is as follows:

When this lady was a girl about ten or eleven years of age, an uncle came to their house for a visit. As she was going by the bathroom one morning, she observed him cleaning his false teeth with their toothbrush. A little later she tactfully said to him, "Here Uncle, you may have this toothbrush." Replying he said, "I don't need to carry a toothbrush with me, because I find them wherever I go."

P. S.—Another has just come to my mind: A little girl said to her father: "Daddy, would you like to own heaven? The father replied: "No, I own hell, your mother gave it to me this morning."—From an ORAL HYGIENE reader.

## Two Letters

AMERICAN ACADEMY OF AP-  
PLIED DENTAL SCIENCE  
Galesburg, Illinois,

July 11, 1922.

Dr. Rea Proctor McGee,  
212 Jenkins Building,  
Pittsburgh, Pa.

*My dear Dr. McGee:*

The Executive Council of the American Academy of Applied Dental Science wants you to present to them any and all evidence you may possess that will substantiate your editorial comment on Page 852 in the June issue of ORAL HYGIENE, "that the said Academy is now controlled by a bunch of radicals."

We do not know your authority for the statements deliberately made therein, but the Executive Council fully agrees that your characterization of the members of our organization as "a bunch of radicals" is a direct attack upon the individual integrity of each one, and we wish a complete and unreserved retraction of your statements.

This organization and all students of progress in both the medical and dental professions are deeply interested in just who make up this group you so unprofessionally refer to. All this information is doubly necessary and assumes large educational importance in the light of your profession of ignorance and innocence as indicated on page

1065 of the July issue, 1922 ORAL HYGIENE. Human life and health are so important that we sincerely trust you will not allow professional relations to delay this desired information at your earliest opportunity.

We also expect such retraction, and this letter, be given as good a position in your next issue of ORAL HYGIENE as your editorial comment. Failing in such action on your part, the Executive Council of the Academy will meet in special session to consider what course of procedure shall be taken up in order to obtain full redress for what we think are unfounded statements.

By order of the Executive Council of the American Academy of Applied Dental Science,  
June 3rd, 1922.

Respectfully yours,,

(Signed) M. W. OLSON,  
Sec.

Pittsburgh, Pa.,

July 29, 1922.

Dr. M. W. Olson,  
Galesburg, Illinois.

*Dear Dr. Olson:*

I am glad you are such a careful reader of ORAL HYGIENE. I never give out the authority for my statements and I stand pat on what is said in the pages of ORAL HYGIENE. So far as unprofessional reference is concerned,



I also take issue and I am again compelled to take issue in regard to my ignorance, as you express it, in some other part of the magazine.\*

I am very sorry that you are going to be disappointed about your retraction and hope that you will kindly inform me as to your course in obtaining full redress at the meeting of the Executive Council. Other than this, I have no particular quarrel with your Society and I shall continue in the future, as I

have in the past, to praise your good points and call attention to your weaknesses in the hope of having the former magnified and the latter diminished.

Sincerely,

REA PROCTOR MCGEE.

\*Reference in July 1921 ORAL HYGIENE, page 1065, was as follows:

"EDITOR'S NOTE:—In line with my practice of giving every shade of thought a show, this letter is printed.

"I acknowledge that I have not been taught 100 per cent dentistry; in fact I have never been taught 100 per cent anything.

"I quite agree with Dr. Ball that live, healthy pulps in live, healthy teeth are the ideal condition."




# EDITORIAL

REA PROCTOR McGEE, D.D.S., M.D., *Editor*

212 Jenkins Building, Pittsburgh, Pennsylvania

## The American Dental Association

HE change in name from *National Dental Association* to *American Dental Association* seems to have the hearty approval of all members of the organization.

The original American Dental Association was organized at Niagara Falls in August, 1859, and continued as an active organization until 1896 when The Southern Dental Association, which was a similar association of about the same age and vigor as the American, was organized.

These two associations duplicated each other's work to such an extent that after many efforts they finally united in 1896 as The National Dental Association, thus avoiding the necessity of having either organization lose its identity in the other.

Now after many years of solidarity it becomes an easy matter to resume the name *American* which is neither northern nor southern nor a compromise.

If we can maintain this society as a real American institution it will justify all of our hopes for the future as well as the accomplishments of the past.

Let's make it one-hundred-per-cent-American.

### "Entertain-odontists"



BEFORE the big meeting at Los Angeles the American Society of Exodontists were in session for a couple of days. On Friday and Saturday they were the guests of the Southern California Exodontists' Association, which meant that California was handed to them on a silver platter.

The whole crowd were loaded into automobiles and taken through Pasadena up the Foothill Boulevard to San Bernardino—then eight thousand feet up the San Bernardino Mountains to look over the rim of the world into the lake region.

At Pine Crest, among the pines, they were the guests of Dr. John Davis at his famous mountain home.


They then drove on to Arrowhead Lake and returned to Los Angeles through Riverside, where they were entertained by the Tri-County Dental Society at the Mission Inn, one of the world's most famous hostelrys.

Under the able leadership of Dr. Frank Chandler the party was safely steered past nine gallons of "Mountain Dew" which were sighted wandering aimlessly about the desert waiting for a passing sheik or something to capture them.

This is amply proved by the fact that there were no automobile accidents in the entire tour until the party were safely back in the clutches of the Los Angeles

traffic squad, where Frank knocked the differential gear out of his Cadillac by running over the pocket book of a movie queen that had carelessly been left in the street—that is, the purse had been left in the street.

### The Uniform

 HIS year the Association of Military Dental Surgeons of the United States held their meeting on Tuesday—the second day of the N. D. A. Convention.

Major Edmund J. Kelly of the Reserve Corps presented a splendid paper on anesthesia for maxillo-facial wounds, well illustrated by lantern slides.

Other excellent papers were presented by Captain Joseph Collins of the Veterans' Bureau and Captain Yohe of the U. S. P. H. S.

Last year the Military Association almost doubled its membership. This organization is much more important than most people realize.

Many have an idea that a Military Association spends its time discussing the last war until the next war is under way. This is not the case with our Association.

The object of the Association of Military Dental Surgeons is to preserve and pass on the valuable experience of the last war and to anticipate and prepare for the

duties of the Dental Corps in the next war.

At the banquet on Tuesday evening, at the Los Angeles Country Club, there were about fifty members present. Among them were Captain John S. Marshall, U.S.A., retired, who was the first commissioned dental officer of any army in the world and who also was the first retired dental officer in the world.

There were four ex-presidents of the N.D.A., who were all members, as well as many well-known officers of the Army, Navy and allied services.

This is a live, progressive organization that should have enrolled in its membership every dentist who has ever held a commission in the Dental Corps of any of the forces of the United States, whether Navy or Army, National Guard, Reserve or Public Health Service.



---

# Laffodontia

If you have a story that appeals to you as funny, send it in to the editor. He may print it—but he won't send it back!

---

HE: "Indeed, I am fond of children, particularly in the country."

SHE: "Why particularly when you're in the country?"

HE: "Not when I am in the country. When they are."

---

"Sammy, you ought to be ashamed of yourself for chasing your Grandpa around like that. Don't you know he is short of breath?"

"Short of breath nothin'. He's breathin' more than I am."

---

MOTHER: "Children, here's a quarter. Go down to the saloon and get your ice-cream cone and soda water. And on your way back, stop in the drug store and bring your father home."—*Life*.

---

"What did you say when Jack asked you for a kiss?"

"Same old thing."

"What'd he do?"

"Same old thing."

---

LADY: (to instructor): "Don't you think that horseback riding gives one a headache?"

INSTRUCTOR: "Oh, no; quite the reverse!"

---

When Bridget climbed into the chair  
Her nerves were in a fidget;  
The dentist couldn't crown her tooth,  
So he proposed to Bridget.

---

JUDGE: "What's your occupation?"

RASTUS: "I'se a business man, yo' honor. I'se manager of a family laundry."

JUDGE: "What's the name of that laundry?"

RASTUS: "De name of de laundry, Judge, am Liza."

YOUNG WIFE: "The postoffices are very careless sometimes, don't you think?"

SYMPATHETIC FRIEND: "Yes, dear, why?"

"Fred sent me a postcard yesterday from Philadelphia, where he is staying on business, and the silly postoffice people put an Atlantic City mark on the envelope?"

---

JOHNNY: "Grandpa, can you help me with this problem?"

GRANDPA: "I could, dear; but don't think it would be right."

"I don't suppose it would, but take a shot at it, anyway."

---

"Try a sample of the stuff before you buy it," hissed the bootlegger.

"But will I live to make the purchase?"

"If you don't it's my loss, ain't it?"

---

BANKER: "How much liquid assets have you?"

CUSTOMER (cautiously): "About a case and a half."

---

A doctor brought a dyspeptic farmer a big brown pill. "I want you to try this pill at bedtime," he said. "It's a new treatment, and if you can retain it on your stomach it ought to cure you."

The next day the doctor called again. "Did you manage to retain that pill on your stomach?" he asked eagerly.

"Well, the pill was all right as long as I kept awake," said the farmer, "but every time I fell asleep it rolled off."